

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee United Steelworkers of America Political Action Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center			Amount 445.00	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D538880	
Purpose of Expenditure InKind Staff		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		11368.03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee AFSCME Special Account			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 1625 L Street, NW			Amount 43.02	
City Washington	State DC	Zip Code 20036	Transaction ID : D538920	
Purpose of Expenditure Inkind Staff Travel		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		11368.03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	488.02
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY
09 / 18 / 2014

Signature